Data Collection Form CC01
Effective July 1, 2002

***Instructions*:** Complete one form/data record for each patient who receives any diagnostic, interventional coronary procedures, and/or valvular procedures on the same day. **Please do not include pediatric cases** (anyone less than the age of 16).

A. DEMOGRAPHICS

Hospital Name	Hospital Provider Number __ __ __
Patient Name (Last, First)	
Medical Record Number	Social Security Number __ __ __ - __ __ - __ __ __ __

A. DEMOGRAPHICS

GENDER
☐ Male ☐ Female

DATES
Birth: __ __ / __ __ / __ __ __ __
Admission: __ __ / __ __ / __ __ __ __
Procedure: __ __ / __ __ / __ __ __ __
Discharge: __ __ / __ __ / __ __ __ __

RACE/ETHNICITY
☐ White, Non-Hispanic
☐ Black, Non-Hispanic
☐ White, Hispanic
☐ Black, Hispanic
☐ Asian
☐ Other

PRIMARY INSURER
☐ Medicare
☐ Medicaid
☐ Any Other Insurance Plans
☐ Self Pay
☐ Uninsured/Indigent/Charity Case

B. PROCEDURES

☐ **DIAGNOSTIC PROCEDURE** *(If yes, specify all that apply below)*	☐ **CORONARY INTERVENTION** *(If yes, specify all that apply below)*	☐ **VALVULAR AND OTHER NON-CORONARY INTERVENTION** *(If yes, specify all that apply below)*
Primary Operator (PO) *(Last , First Name):*	Primary Operator (PO) *(Last , First Name):*	Primary Operator (PO) *(Last , First Name):*
PO's Medical License Number:	PO's Medical License Number:	PO's Medical License Number:
Secondary Operator (SO) *(Last , First Name)*:	Secondary Operator (SO) *(Last , First Name)*:	Secondary Operator (SO) *(Last , First Name)*:
SO's Medical License Number:	SO's Medical License Number:	SO's Medical License Number:
Procedure: ☐ Right Heart ☐ Left Heart ☐ Coronary Angiography ☐ Ventricular Angiography ☐ Other Angiography	Procedure: ☐ Balloon Angioplasty ☐ Coronary or Graft Stent ☐ Atherectomy ☐ Brachytherapy ☐ Suction Thrombectomy ☐ Other Non Valvular Procedure ☐ Unsuccessful Coronary Intervention ☐ Primary Intervention for acute MI ***(must also complete addendum form CC02)***	Procedure: ☐ Aortic Valvuloplasty ☐ Mitral Valvuloplasty ☐ Pulmonic Valvuloplasty ☐ Tricuspid Valvuloplasty ☐ Other Valvular Intervention ☐ Percutaneous Laser Myocardial Revascularization ☐ Congenital Heart Disease Interventional Procedure

C. COMPLICATIONS
(Specify all that apply)

☐ Patient Died in Hospital ☐ In Lab Death | Cause of Death: ☐ Cardiac ☐ Non-Cardiac

☐ **In Lab Complication?** ***(Occurring in the cath lab and/or recovery area)***
- ☐ New Q-Wave MI
- ☐ Focal Neurological Deficit
- ☐ Anaphylactic Reaction to Contrast Agent
- ☐ Arrhythmia
- ☐ Vascular Complication
- ☐ Emergent Coronary Intervention
- ☐ Emergent Open Heart Surgery

Form Prepared By	Date